

**Annual Report** 

To: All Premium Finance Companies

Re: Premium Finance Company Annual Report

Premium Finance Company Annual Report – Arizona Revised Statutes Section 6–1408 requires each licensee to file this report on or before February 1, Annually. The annual report concerns your business and operations during the preceding calendar year (December 31, 2006). The Department may extend the due date for submission of the annual report for a period not to exceed sixty (60) days (April 1, 2007). If an extension of time is required, the licensee must submit a written request stating the reason(s) an extension is necessary. Direct your written request to the Licensing Division. If an extension of time is not requested or not granted by the Department, a civil money penalty of \$25.00 per day may be assessed for each day the annual report is not timely submitted.

Please mail to: Arizona Department of Financial Institutions

Licensing Division

2910 N. 44th Street, Suite 310

Phoenix, AZ 85018

Licensing Division



## **Annual Report**

Name Of Licensee:	License # PF-
Place Of Business:	per 31, 2006.  Seets  2)  Doubtful Accounts)  n on
Financial Condition At Close Of Business: December 31, 2006.	
Assets	
<u>Current Assets:</u>	
Cash	
Short-Term Investments (Describe on Page 2)	
Premium Finance Agreements	
Accounts Receivable (Less Allowance For Doubtful Accounts)	
Current Portion Of Notes Receivable	
Current Portion Of Other Receivables	
Prepaid Expenses	
Other Current Assets	
Total Current Assets	
Notes Receivable, Excluding Current Portion	
Other Receivables, Excluding Current Portion	
Property And Equipment, At Cost, Net Of Accumulated Depreciation	
Long Term Investments	
Other Assets	
Intangible Assets:	
Goodwill, Etc.	
<u>Total Assets</u>	
Liabilities & Capital	
Current Liabilities:	
Current Portion Of Long-Term Debt	
Notes Payable To A Bank	<del></del>
Accounts Payable	<del></del>
Accrued Expenses	
Other Current Liabilities	
Total Current Liabilities	
Deferred Liabilities	
Long-Term Debt, Excluding Current Portion	
Other Liabilities	
Total Liabilities	
Capital:	
Common Stock (\$Par)	
(Shares Authorized #)	
(Shares Issued #)	
Less: Cost Of Treasury Stock	
Additional Paid-In Capital	
Retained Earnings (Deficit)	
<u>Total Capital</u>	

**Total Liabilities And Capital** 

### **Annual Report**

Statement of income for themonths ending Decer	nber 31, 2007
Income	
Finance/Service Charges	
Delinquency Charges	
Default Cancellation Charges	
Additional Charges	
Collection On Accounts Previously Charged Off (Direct Basis Only)	
Other Income (Itemize)	
Total Income	
Expenses and the second	
Salaries	
Occupancy	
Office Expenses And Supplies	
Bad Debt	
Depreciation	
Legal	
Interest On Borrowed Funds	
Other (Itemize)	
Total Expenses	
Net Operating Income (Loss)	
Income Taxes	
Net Income (Loss)	
• '	

**Statement of Changes in Capital** 

	Capital Stock	Additional Paid-in Capital	Retained Earnings (Deficit)	Treasury Stock	Total Capital
Balance, Beginning					
Dividends/Distributions					
Net Income (Loss)					
Other					
Balance, Ending			_		_

**Ending balances must agree with Balance Sheet (Page 1)** 

#### **Schedule of Short-Term Investments**

Description	Amount	Description	Amount
1.	\$	5.	\$
2.	\$	6.	\$
3.	\$	7.	\$
4.	\$	8.	\$
		9. Total Short-Term Investments \$	

2910 North 44 <sup>th</sup> Street, Suite 310	Form:	PF-REP-001
Phoenix, AZ 85018	Revised	03/01/2006

Arizona	Department	of Financial	Institutions
---------	------------	--------------	--------------

Page 4 of 4

## **Annual Report**

### **Volume of Operations**

1.					
		No. Of Contracts	Total Amount Advanced	Total Amount Outstanding	
	Personal:				
	Commercial:				
<ol> <li>3.</li> </ol>	If So, The Number Of A Total Outstanding Bala Do You Purchase Prem	Im Finance Agreements For Others? Agreements As Of Reporting Date: nce Of Agreements: ium Finance Agreements From Others? Agreements Purchased During 2007		□Yes □No - □Yes □No	
4.	Please Complete The F	ollowing Rate Table:			
	Amount Financed	Contract Intere	st Rate (Not Apr)		
		<del></del>			
		<del></del>	<del></del>		
I ce	ertify that the information	n provided herein is true, complete and co	rrect to the best of my know	ledge and belief.	
Na	me and Title (Typed Or I	Printed)			
Sig	nature		Date		
Tel	lephone Number (Include	21-800 # and Extension #)	Fax Number		